



Trinity Fitness Namibia

Practice No: 091 000 0719986
 43 Hyper Motor City, Maxwell St, Windhoek, Namibia
 PO Box 31677, Pioneers Park Windhoek, Namibia
 Tel: +264 81 324 3732
 Email: TriFitNam@gmail.com

| Exercise Program Application Form | | | |
|---|--|-----------------------|-----------|
| General Information | | | |
| First Name: | | Surname: | |
| Age: | | Date of Birth: | |
| Cell Phone: | | | |
| Email: | | | |
| Exercise Information | | | |
| Height: (eg. 1.72m) | | Weight: (kg) | |
| Profession (Optional): | | | |
| Sport/Current Physical Activity: | | | |
| | | | |
| Are you already affiliated to a Gym? | | YES | NO |
| If YES please state where: | | | |
| If NO, do you have access to gym/exercise equipment: | | YES | NO |
| Please List: | | | |
| | | | |
| Primary Exercise Goals: | | | |
| | | | |
| Additional Comments: | | | |
| | | | |

| Physical Activity Readiness Questionnaire (PAR-Q) | | | | | |
|---|---|--------|--------|-----|-----|
| Age | | Gender | | | |
| BMI | Height | m | Weight | kg | |
| Questions: (Please answer all) | | | | YES | NO |
| 1 | Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor? | | | YES | NO |
| | If yes, please explain: | | | | |
| 2 | Do you ever feel pain in your chest when you do physical activity? | | | YES | NO |
| | If yes, please explain: | | | | |
| 3 | In the past month, have you had chest pain when you were <u>not</u> doing physical activity? | | | YES | NO |
| | If yes, please explain: | | | | |
| 4 | Do you lose your balance because of dizziness or do you ever lose consciousness? | | | YES | NO |
| | If yes, please explain: | | | | |
| 5 | Do you have a bone or joint problem (eg. Back, hip or knee) that could be made worse by a change in your physical activity? | | | YES | NO |
| | If yes, please explain: | | | | |
| 6 | Is your doctor currently prescribing drugs (eg. Water pills, Insulin)? | | | YES | NO |
| | If yes, please explain: | | | | |
| 7 | Do you know of any other reason why you should not do physical activity? | | | YES | NO |
| | If yes, please explain: | | | | |
| 8 | Are you pregnant? | | | YES | YES |
| <p style="text-align: center;"> If you have answered NO to all the questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities. </p> | | | | | |



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| Products: | Price: (N\$) | ✓ |
|---|--------------|---|
| Personal Exercise Programs | | |
| 1-Day Exercise Program | 200.00 | |
| 2-Day Exercise Program | 350.00 | |
| 3-Day Exercise Program* Includes Bonus Material | 500.00 | |
| General Programs | | |
| Full Body Stretch Program | 150.00 | |

PROMO CODE: _____

Payment (EFT):

Account Name: Trinity Fitness Namibia

Account Number: 8004997778

Bank: Bank Windhoek

Branch: Maerua Mall

Branch Code: 483-872

NOTE: Email Proof of Payment, along with completed Application Form to TriFitNam@gmail.com.